

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-429)**

SERIAL NO.

FILING DATE

AFFICANT

CLAIMS

	AS FILED		AFTER 1st ADJUSTMENT		AFTER 2nd ADJUSTMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
TOTAL DEF.						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
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